

Case Number:	CM14-0211939		
Date Assigned:	01/02/2015	Date of Injury:	05/10/2013
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 35-year-old man with a date of injury of May 10, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical spine strain/sprain; lumbar spine strain/sprain; lumbar spine disc herniation; and plantar fasciitis. Pursuant to the handwritten, largely illegible progress note dated December 15, 2014, the IW complains of neck pain, low back pain, and left ankle pain. Objectively, there was tenderness to the cervical and lumbar paraspinals. Antalgic gait (illegible). MRI showed partial tear lateral (illegible). The treatment plan recommendations include medications, podiatrist, psych eval, pending MRI left ankle, and await AME report. Current medications were not listed. According to UR documentation, the IW underwent and MRI of the left ankle on August 3, 2013, which showed a small joint effusion. The current request is for repeat MRI of the left ankle. The treating physician did not provide any clinical rationale for repeating the MRI of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat left ankle MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, repeat left ankle MRI is not medically necessary. MRI provides a more traumatic visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci and joint cartilage structures than x-ray CAT scan in the evaluation of dramatic with degenerative injuries. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker had an MRI of the left ankle May 10, 2013. Injured worker's working diagnoses are lumbosacral sprain and strain; cervical spine sprain and strain; lumbosacral disc herniations; and plantar fasciitis. The documentation in a December 15, 2014 progress notes at a cursory physical examination that stated tender cervical lumbar paravertebrals. MRI with a partial tear central. The treatment plan mentions MRI left ankle pending. There is no clinical indication in the medical record for a repeat MRI ankle. There is no clinical rationale in the medical records for repeat MRI. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The injured worker does not have any significant change in symptoms or findings objectively suggestive of significant pathology. Consequently, absent clinical documentation to support repeating an MRI of the left ankle, repeat left ankle MRI is not medically necessary.